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Delivering Results: Advancing Canada's Tobacco Strategy



Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. Health Canada is committed to improving the lives of all of Canada's people and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Également disponible en français sous le titre :
Obtenir des résultats : Mise en œuvre de la Stratégie canadienne sur le tabac

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Publication date: January 2026

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Cat.: H149-38/2026E-PDF
ISBN: 978-0-660-97784-3
Pub.: 250409

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Introduction

For over 50 years, the Government of Canada has been addressing the harms of commercial tobacco. Commercial tobacco is responsible for dozens of debilitating diseases and kills up to half of the people who smoke long-term. Canada's approach to tobacco control has evolved over the decades and is a comprehensive, world-leading model to address the harms of tobacco use.

Through consultations with the public, civil society, and health experts in 2016–2017, it was agreed that bold, new action was needed to help more people who use tobacco quit, and discourage youth from starting to use products containing nicotine.

The Government of Canada's response was **Canada's Tobacco Strategy (CTS), which established an ambitious goal: to reduce tobacco use to less than 5% by 2035.**¹

CANADA'S TOBACCO STRATEGY

CTS represents a comprehensive and integrated federal approach to addressing tobacco use. It is led by the Tobacco Control Directorate within Health Canada's Controlled Substances and Cannabis Branch. The strategy includes four main pillars:

1. **Help Canadians quit tobacco**
2. **Protect youth and people who do not use tobacco from nicotine addiction**
3. **Work with Indigenous Peoples to support self-determined approaches**
4. **Strengthen our science, surveillance and partnerships**

The federal government committed \$330 million over five years from 2018 to 2023, with an ongoing annual investment of \$66 million to implement the strategy. The strategy is also supported by other federal partners, including:

- ◀ **Public Health Agency of Canada** supports prevention and cessation activities
- ◀ **Public Safety Canada** supports law enforcement efforts to combat the illicit trade
- ◀ **Indigenous Services Canada** funds and supports Indigenous-led approaches to reducing commercial tobacco use
- ◀ **Canada Revenue Agency** provides oversight of taxation and export regulation

Purpose

As 2026 will mark the mid-way point toward Canada's 2035 target, it is timely to take stock of the CTS progress made to date. This report highlights key achievements, challenges, and data trends since the launch of the strategy, and identifies areas of focus moving forward.

Scope of the Progress Report

Data presented in this paper were collected from a number of sources, including population surveys, data sets, and surveillance tools administered by Health Canada, other federal departments and agencies, as well as peer-reviewed academic research.

While the focus of the progress report is on aspects of the framework within areas of federal jurisdiction, it is worth noting the impacts from all orders of government in protecting the health of Canadians from known health hazards, such as tobacco use. The Government of Canada works closely with provinces and territories and other partners to make meaningful contributions to help address tobacco and vaping product use.

Pillar 1: Helping Canadians quit tobacco

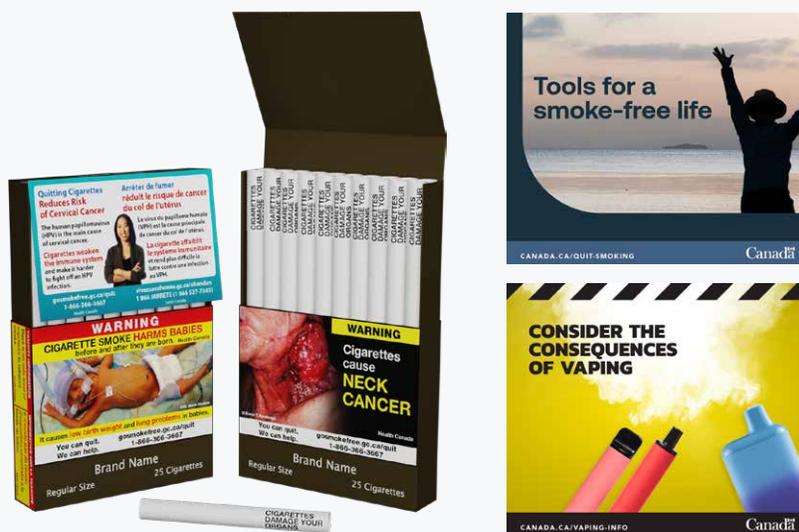
Tobacco use remains a significant preventable cause of premature death in Canada,² with approximately 46,000 people dying from tobacco-related illnesses every year.³

CTS supports a comprehensive approach to reducing smoking. The country now boasts some of the world's toughest rules on cigarette packaging. Canada was the first country in the world to print a warning on individual cigarettes.⁴ These measures are complemented by national public education campaigns, which promote the benefits of quitting and connect individuals with resources. The government is also investing in clinical and community programs, such as counseling and virtual support groups. This helps ensure Canadians from all regions have access to resources and quit coaches to help them develop a plan and to successfully quit smoking.

DID YOU KNOW?

Health Canada's plain packaging reduces the appeal of tobacco products while increasing the visibility of health warning messages and information about smoking cessation tools. Since the launch of the CTS, the government has invested over \$19 million in public education that support Canadians in their quit journey by offering a range of interactive tools and reinforce the risks of vaping for youth (see Figure 1 below).

Figure 1: Examples of cigarette packaging, warning labels, and public education campaigns



Progress to date

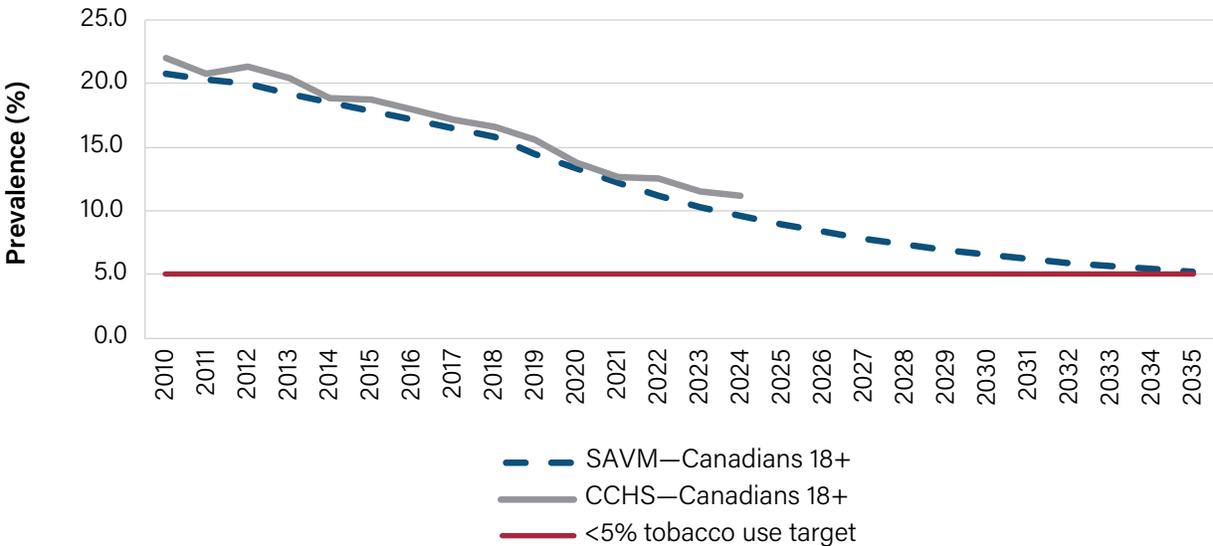
Canada has made considerable progress in lowering overall rates of tobacco use. In 2024, it is estimated that 13% of Canadians used any tobacco product, down from 29% in 2001.⁵ Declines in tobacco use are primarily driven by reductions in cigarette smoking. Smoking rates in Canada are now among the lowest in the world,⁶ and they continue to fall.⁷ In 2024, 11% of adult Canadians reported smoking.⁸ Approximately 300,000 Canadians who smoked in 2023 quit smoking in 2024—or approximately 8% of all people who smoked.⁹

Different options are available to support people trying to quit, including Health Canada authorized nicotine replacement therapies (NRTs), prescription medications, and counselling supports, among others. However, the most common way Canadians try to quit is on their own, representing over half of successful quits in 2024, followed by use of NRTs at 25%.¹⁰

The establishment of a legal vaping market has also helped many adults transition to a less harmful alternative to smoking. While not an approved cessation therapy, approximately 21% of Canadians who quit smoking in 2024 said they used an e-cigarette to help them stop.¹¹ However, there are risks to vaping and research on the long-term effects is ongoing.

To estimate future progress towards our goal, Health Canada uses a simulation model (see Figure 2 below). This model incorporates data on smoking, health outcomes, and policies to estimate future smoking rates. Before the CTS was in place, it was estimated that 8.5% of Canadians would still be smoking by 2035.¹² The current smoking projection is down to 5.1% by 2035.¹³

Figure 2: Where is smoking prevalence projected in 2035?

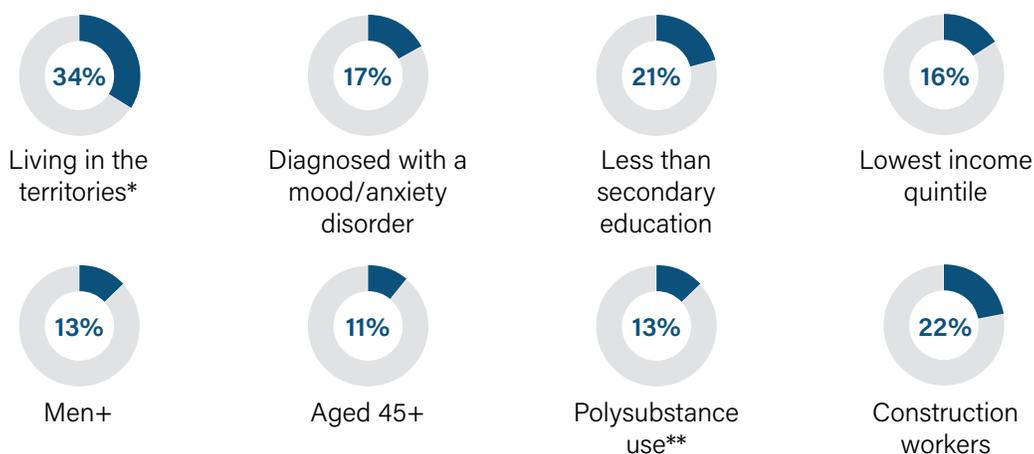


Sources: Canadian Community Health Survey (CCHS) 2010 to 2024; Smoking and Vaping Model (SAVM) 2025

Reaching the 2035 goal is important, but it is not the only measure of success. Smoking rates are not the same across the country and are often linked to underlying health and social inequities.

While the gap is narrowing, some demographics are disproportionately impacted by smoking. This includes older adults, men, construction workers, lower-income households, and Canadians living in the territories (see Figure 3 below).

Figure 3: Who is smoking at higher rates in Canada?



Sources: CCHS 2022*, Canadian Tobacco and Nicotine Survey 2022** and CCHS 2024

Note: The category "Men+" includes men, as well as some non-binary persons.

The legacy of residential schools, racism, displacement, and colonialism has also contributed to the high rates of smoking in First Nation, Inuit, and Métis communities. More information on the work being done to help reduce smoking in partnership with First Nation, Inuit, and Métis communities can be found under Pillar 3 of this report.

Strategies that focus on supporting those who need it most are critical. Programs to help people quit smoking must continue to be adapted to better serve their communities so that everyone ready to quit smoking gets the help they need to succeed.

Pillar 2:

Protecting youth and people who do not use tobacco from nicotine addiction

CTS includes a series of measures to keep tobacco and vaping products out of the hands of youth and people who do not use nicotine products. There are strict rules that prohibit the sale to anyone under 18. Government regulations limit or ban promotions, advertising, and sponsorships that could appeal to youth. Additionally, for vaping products, an upper limit on nicotine concentration has been set, with mandatory health warnings on the package.

The CTS provides over \$14.5 million annually to Health Canada and other federal departments to help enforce these rules. Inspections are regularly conducted on tobacco and vaping product retailers, manufacturers, online-based establishments, and any other place where these products are sold or promoted. Additionally, the Public Safety portfolio,¹⁴ in partnership with law enforcement agencies and Indigenous communities, works together to disrupt organized crime and dismantle the supply chain of illicit tobacco in Canada and for export.

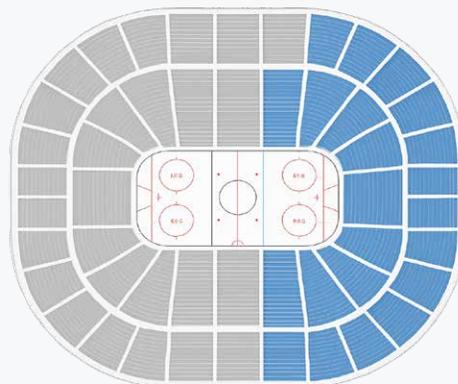
Progress to date

Since the launch of CTS, smoking among youth (aged 12 to 17 years) has reached a record low of less than 2%.¹⁵ **Preventing young people from a lifetime of smoking-related harm is one of the most significant public health achievements of the past 25 years.**

DID YOU KNOW?

It is estimated that if all the current youth in Canada who smoke daily went to a hockey game, they would fill less than half of the seats in an NHL arena (see Figure 4 below).

Figure 4: Canada scores record low rates of youth smoking



While youth smoking is at an all-time low, the popularity of vaping has increased following the launch of CTS. Vaping among youth (aged 15 to 19 years) rose rapidly from 6% in 2017¹⁶ to 15% in 2019, before stabilizing through 2022.¹⁷

Recent reports from the Canadian Health Survey on Children and Youth point to a sharp decline in vaping among youth (aged 12 to 17 years) to 6% in 2024—a 60% decrease from its peak in 2019. These rates are below Health Canada’s short-term goal of less than 10% by 2025.

Despite this positive trend, there are ongoing concerns with youth access to unregulated tobacco and vaping through illegitimate retailers, especially online. Illegal tobacco products represent an estimated 10 to 20% of Canada’s tobacco market and result in approximately \$2 billion in lost tax revenue annually.¹⁸ In addition, young people who vape report that if they want to buy a vaping product, they can be obtained easily, including online.¹⁹ These unregulated, harmful products are cheaper and more accessible, putting youth at risk.

To meet this challenge, it is important to continue to modernize oversight capacity across the supply chain and to provide law enforcement with the right tools to help them investigate and respond to the sale of contraband tobacco and vaping products. Health Canada has also shifted inspection resources to better enforce vaping rules. As a result, compliance among retailers improved from 69% in 2019 to 90% in 2025.²⁰

Public Safety Canada has invested over \$16 million over the course of the CTS to advance policy leadership. This funding also supports Portfolio partners and independent researchers to better understand Canada’s illicit tobacco market and identify possible opportunities to strengthen enforcement.

Public Safety Canada also provides approximately \$2.84 million ongoing to help build First Nations’ law enforcement capacity under the First Nations Organized Crime Initiative. This initiative assists First Nations police services in addressing organized crime and cross-border criminality. Public Safety Canada works with the Akwesasne Mohawk Police Service and the Kahnawake Peacekeepers to increase their capacity to address illegal tobacco and other organized crime activities on or near community lands.

Pillar 3:

Working with Indigenous Peoples to support self-determined approaches

The Government of Canada's commitment to a renewed nation-to-nation, Inuit-Crown, and government-to-government relationship with Indigenous Peoples serves as the guide for the federal approach to working with First Nations, Inuit, and Métis communities and organizations on commercial tobacco and vaping control.

DID YOU KNOW?

The Government of Canada recognizes that tobacco holds profound spiritual and cultural significance for many First Nations and Métis Peoples, whereby tobacco is regarded as one of four sacred medicines alongside cedar, sweetgrass, and sage. It is understood that sacred tobacco is harvested and used differently than commercial tobacco (e.g., cigarettes, cigars, and chewing tobacco).

Under the CTS, Indigenous Services Canada funds and supports the development and implementation of community-led, distinctions-based strategies and approaches to reducing high prevalence rates of commercial tobacco use among First Nation, Inuit, and Métis populations. This approach aligns with Indigenous Service Canada's vision and mandate to work collaboratively with partners to improve access to high-quality services for First Nations, Inuit, and Métis and to support self-determination.

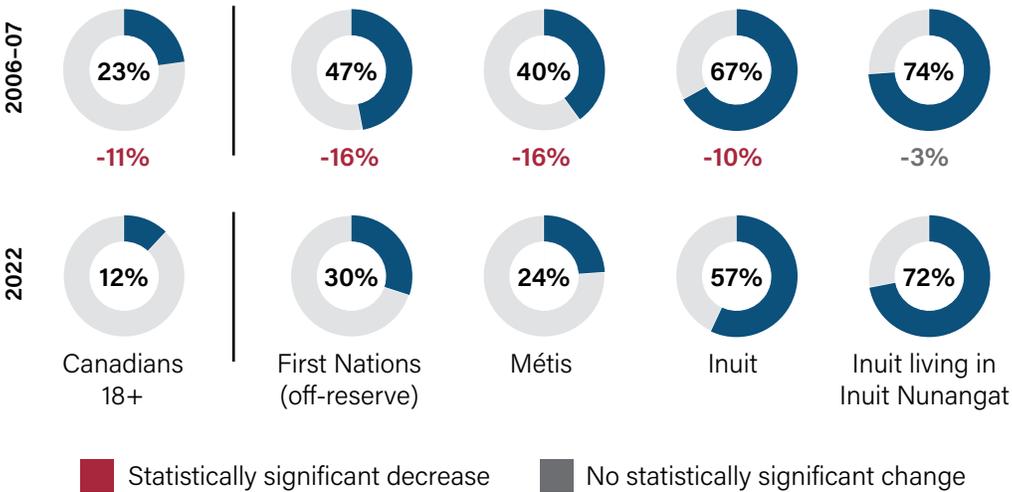
Approximately \$9.1 million annually is directly transferred to First Nations, Inuit, and Métis recipient communities and organizations who are leading innovative, strengths-based, wholistic and culturally appropriate commercial tobacco reduction programs, initiatives, and strategies that are designed to respond to the health and wellness needs and priorities of communities.

Progress to date

More First Nations, Inuit, and Métis individuals have access to commercial tobacco reduction and cessation activities than under the previous strategy. Indigenous-led tobacco cessation programming is often built into other community-led activities and programming (e.g., tuberculosis, chronic disease prevention, housing) that help to address broader determinants of health and support a wholistic approach to health and wellness, not just relative to one specific issue.

First Nations, Inuit, and Métis Peoples have among the highest cigarette smoking rates of any population group in Canada.²¹ According to the First Nations Regional Health Survey, smoking among First Nations living on-reserve was 54% in 2015–16. While updated results of the survey are expected to be available next year, other more recent surveys show encouraging progress with declines in smoking across many Indigenous populations (see Figure 5 below).

Figure 5: Percentage point change in current smoking since 2006-07, by Indigenous identity



Sources: CCHS 2007, 2022; Indigenous Peoples Survey (IPS) [formerly known as the Aboriginal Peoples Survey] 2006, 2022

Notes:

Caution is warranted when comparing results from CCHS and IPS, given the differences in the sampling frames, data collection modes and timeframes, and sample sizes of the surveys.

The statistics provided may not add up due to rounding.

Smoking and vaping prevalence among First Nations, Inuit, and Métis Peoples is best captured through Indigenous-specific/-led surveys that reflect the diversity of communities, such as the First Nations Regional Health Survey and the Qanuippitaa National Inuit Health Survey. Due to the timeframe of this report (2018-present), data from these sources could not be included. However, their forthcoming results will be essential for providing accurate, updated data—particularly for First Nations on-reserve and Inuit populations.

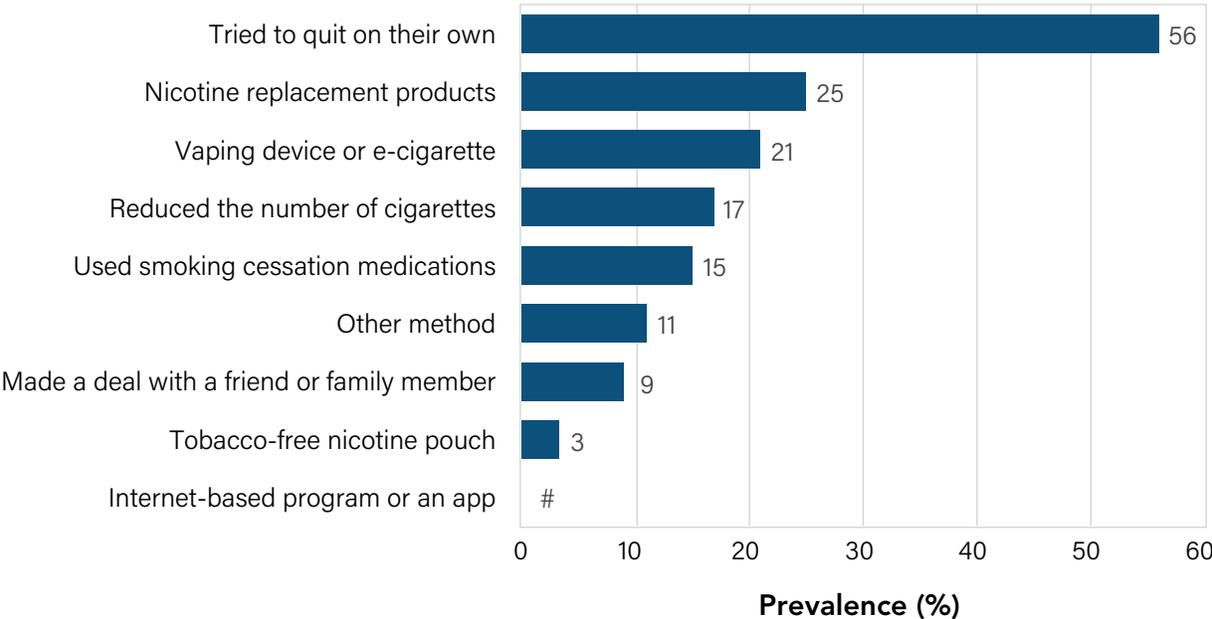
Addressing the harms of commercial tobacco is part of the Government of Canada’s broader commitment to working together with Indigenous communities and organizations based on the principles of lasting reconciliation, healing and cooperative relations. When communities lead the development and implementation of approaches to address their unique needs and priorities, programming and services are more responsive, effective, and culturally relevant.

Pillar 4: Strengthening our science, surveillance and partnerships

Strong science, robust surveillance, and meaningful partnerships are essential to reducing tobacco use and protecting public health.

As highlighted throughout this report, ongoing surveillance provides insights into the key trends and usage patterns for tobacco and vaping products in Canada. It has also helped to shine a light on the strategies Canadians use to quit (see Figure 6 below). Making this data publicly available on [Health Infobase](#) enables policymakers to develop effective cessation programs and services.

Figure 6: Quit methods used by those who reported quitting completely in the past 12 months, 2024



Quality warning: due to poor quality, the estimate has been suppressed.
Source: CCHS 2024

While the negative long-term health effects of smoking are clear, research on vaping is still growing. Health Canada monitors market trends and conducts laboratory testing on vaping products. The department has developed a baseline of over 1,500 unique chemicals found in vaping products and liquids.²² This research is the basis of our public health messaging and has supported the development of guidance for vaping manufacturers.²³ It also provides the foundation for ongoing research to better understand how these ingredients and chemicals impact the appeal and addictive potential of vaping products.

DID YOU KNOW?

Nicotine replacement therapy (NRT) helps people quit smoking by giving them small doses of nicotine without tobacco. It comes as gum, patches, lozenges, sprays, or pouches. In Canada, these products can be prescription or natural health products, depending on the nicotine amount. You can also combine them with other supports to make quitting easier.

In 2023, Health Canada approved nicotine pouches. These are tobacco-free and placed between your gum and cheek. Authorized pouches are for adults quitting smoking and are available behind the counter at pharmacies. Other NRTs, like gum and patches, can be found at pharmacies, convenience stores, gas stations, or online. Avoid unauthorized pouches—they can be harmful.

Using one type of NRT can double your chances of quitting. Combining a patch (long-acting) with something like gum or lozenges (short-acting) can nearly triple your chances.

Since 2018, approximately \$66.9 million in federal funding has been allocated to support community-led partnerships and knowledge exchange initiatives.

The **Substance Use and Addictions Program (SUAP)** provides funding to provincial and territorial governments and not-for-profit organizations to support innovative initiatives that respond to substance use challenges, including nicotine and tobacco. CTS-focused projects under this program aim to protect people from the harms of smoking, vaping, and nicotine addiction by means of prevention, health promotion, harm reduction, and cessation initiatives. In total, SUAP projects have delivered learning opportunities to over 100,300 participants, and related resources have been used over 5.5 million times.

The **Healthy Canadians and Communities Fund (HCCF)** supports community-based projects that address behavioural risk factors for chronic disease, including helping Canadians quit or prevent tobacco use. These projects focus on priority populations who face health inequalities, are at greater risk of developing chronic disease, and who have higher rates of tobacco use.

DID YOU KNOW?

In 2025, the **University of Ottawa Heart Institute** received **\$2,894,425**, through the SUAP, to expand the Ottawa Model for Smoking Cessation. This initiative created regional hubs in New Brunswick, Newfoundland and Labrador, Ontario, Quebec, and Nunavut to deliver evidence-based clinical nicotine addiction treatment within healthcare settings.

In 2023, the **Canadian Cancer Society**, the **University of Toronto** and **McMaster University** received **\$9,608,033**, through the HCCF, for four projects focused on tobacco prevention and cessation. These initiatives are tailored to communities with higher smoking rates, including First Nations, Inuit, Métis, Two-Spirit people, and queer and trans young adults.

Canada's partnerships in tobacco control extend beyond our borders. Canada is a strong advocate and early ratifying party of the WHO Framework Convention on Tobacco Control. Canada continues to demonstrate leadership on the international stage by advancing the next generation of tobacco control policies.

Looking ahead

Since the launch of CTS in 2018, significant progress has been made, but it would be a mistake to assume that success is a foregone conclusion. There is no time to be complacent. The harms of commercial tobacco continue to impact families and communities across the country.

Helping people quit is now more important than ever. In 2024, it is estimated that 1.2 million people under 50 years old continue to smoke daily.²⁴ Reducing the harms of smoking will not only save lives, it will also improve economic productivity and reduce downstream costs to Canada's health care systems. Tobacco is responsible for an estimated \$5.43 billion in health care-related costs and \$5.25 billion in lost productivity costs due to premature death and long-term disability every year.²⁵

In the face of a rapidly emerging and evolving marketplace for vapes and nicotine products, all orders of government must remain vigilant and prepared to respond. The progress achieved in reducing the harm of smoking is a testament to sustained public health efforts, and this new landscape presents both opportunity and risk.

To help sustain tobacco control efforts over the longer term, on March 7, 2025, the Government introduced new *Tobacco Charges Regulations* to establish a Tobacco Cost Recovery Framework. This approach enables the Government to recover the costs incurred for tobacco-related activities that minimize the cost burden on taxpayers and ensures the tobacco companies pay their fair share.

As we look ahead, engaging diverse partners is crucial for tailoring programs and services to meet the needs of populations most affected by tobacco and nicotine addiction. A collaborative approach grounded in science helps create services that are culturally appropriate, easy to access, and effective—helping close health gaps and reduce inequalities.

Endnotes

- ¹ For this report, the term **tobacco use** refers to all commercial tobacco products such as cigarettes, cigars, pipes, waterpipes, and chewing tobacco. The term **smoking** refers to combustible cigarette use exclusively, which accounts for 94% of tobacco product use in Canada.
- ² Statistics Canada. *Current smoking trends. Health at a glance*. Retrieved from: <https://www150.statcan.gc.ca/n1/en/pub/82-624-x/2012001/article/11676-eng.pdf?st=wDqqRWTv>
- ³ Canadian Substance Use Costs and Harms. 2023. Can be assessed here: <https://csuch.ca/assets/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2007-2020-en.pdf>
- ⁴ Thrasher, J.F., Petillo, S., Sun, Y., Xiong, L., Hackworth, E.E., Ferguson, S.G., Hammond, D., & Moodie, C. (2025). Evaluating Canada's innovative policy for health warnings on cigarette sticks: A pre/post assessment among adults who smoke. *Preventive Medicine*, 198. doi:10.1016/j.ypmed.2025.108330
- ⁵ Canadian Community Health Survey, 2001 and 2024.
- ⁶ Public Health Agency of Canada. *How healthy are people in Canada?* Retrieved from: <https://health-infobase.canada.ca/health-of-people-in-canada-dashboard/?topic=Substance%2520Use&indicator=Smoking&graph=svg-benchmarking>
- ⁷ Canadian Community Health Survey, 2018 to 2024.
- ⁸ Canadian Community Health Survey, 2024.
- ⁹ Canadian Community Health Survey, 2023 and 2024.
- ¹⁰ For more information, see Figure 7: Quit methods used by those who reported quitting completely in the past 12 months, 2024.
- ¹¹ Canadian Community Health Survey, 2024.
- ¹² Levy, D., Yuan, Z., Li, Y., Travis, N., Cummings, K. M., Gravely, S., Cadham, C., & Meza, R. (2025). Canada smoking and vaping model (SAVM): The public health impact of NVP availability in Canada. *BMJ Public Health*, 3(2). doi:/10.1136/bmjph-2024-001828
- ¹³ Levy, D., Yuan, Z., Li, Y., Travis, N., Cummings, K. M., Gravely, S., Cadham, C., & Meza, R. (2025). Canada smoking and vaping model (SAVM): The public health impact of NVP availability in Canada. *BMJ Public Health*, 3(2). doi:/10.1136/bmjph-2024-001828
- ¹⁴ The Public Safety portfolio refers to Public Safety Canada, the Royal Canadian Mounted Police, and the Canada Border Services Agency.

- ¹⁵ Canadian Health Survey on Children and Youth, 2024.
- ¹⁶ Canadian Tobacco, Alcohol and Drugs Survey, 2017.
- ¹⁷ Canadian Tobacco and Nicotine Survey, 2019 to 2022.
- ¹⁸ Mauer-Vakil, D., & Schwartz, R. (2022). Illicit tobacco market supply characteristics and trends in Canada and abroad. Ontario Tobacco Research Unit.
- ¹⁹ Environics Research. *Vapers panel survey to measure attitudes and behaviours regarding vaping products: Final report. 2019*. Retrieved from: https://publications.gc.ca/collections/collection_2020/sc-hc/H14-316-2019-1-eng.pdf
- ²⁰ Health Canada's Regulatory Operations and Enforcement Branch Program Data, 2019 to 2025.
- ²¹ Canadian Community Health Survey, 2024.
- ²² Kosarac, I., Kubwab, C., Fa, X., Siddique, S., Petraccone, D., He, W., Man, J., Gagne, M., Thickett, K.R., & Mischki, T.K. (2021). Open characterization of vaping liquids in Canada: Chemical profiles and trends. *Frontiers in Chemistry*, 9. doi:10.3389/fchem.2021.756716
- ²³ Health Canada. (2024). *Industry guide to vaping products subject to the Canada Consumer Product Safety Act*. Retrieved from the Health Canada website: <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/industry-professionals/vaping-products-canada-consumer-product-safety-act/document.html>
- ²⁴ Canadian Community Health Survey, 2024.
- ²⁵ Canadian Substance Use Costs and Harms. 2023. Can be assessed here: <https://csuch.ca/assets/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2007-2020-en.pdf>